

**LLM**  
53-76KANSAS SECRETARY OF STATE  
**Certificate of Merger or Consolidation  
of Two or More Limited Liability  
Companies**The following form **must be complete** and  
accompanied by **the correct filing fee** or the  
document will **not** be accepted for filing.**GENERAL FILING  
INSTRUCTIONS**

<input type="checkbox"/> <b>Filing fee</b>	The filing fee for a certificate of merger or consolidation of two (2) limited liability companies is <b>\$75</b> . A fee of <b>\$10</b> is required for each additional corporation involved in the merger or consolidation.
<input type="checkbox"/> <b>Payment</b>	<p>Please submit payment by check, money order, or credit card. Checks and money orders need to be made payable to the Secretary of State. Forms received without the appropriate fee will not be accepted for filing. <b>Please do not send cash.</b></p> <p><b>NOTICE: There is a \$25 service fee for all checks returned by your financial institution.</b></p> <p>Visa, MasterCard, Discover, and American Express are accepted. To use a credit card, please provide the following information:</p> <p><b>Credit card number</b> _____</p> <p><b>Billing zip code</b> _____ <b>Expiration date</b> _____</p>
<input type="checkbox"/> <b>Daytime phone</b>	_____
<input type="checkbox"/> <b>Fax filing available</b>	<p>Documents may be fax filed for a processing fee of <b>\$20 in addition</b> to the normal filing fee. Include contact name, daytime phone number, credit card number, credit card expiration date and billing zip code.</p> <p>Fax documents and payment information to <b>Business Services, 785-296-4570</b>. Faxed documents will receive that day's file date if they are without errors and received prior to 4 PM CST.</p> <p>Processed documents will be returned by mail. You may request a file-stamped copy be faxed for an additional \$1 per page. Fax filing does not guarantee same day activation or return faxing.</p>
<input type="checkbox"/> <b>Annual report requirements</b>	If this certificate is submitted after the close of the tax year end for the Kansas entity or entities or the foreign authorized entity or entities merging out of existence, an annual report and fee must be filed with or prior to the merger.
<input type="checkbox"/> <b>Signature</b>	Pursuant to K.S.A. 17-7681(b) and K.S.A. 17-7908(b), a certificate of merger or consolidation shall be signed by one or more authorized persons on behalf of the surviving or resulting limited liability company.

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53-76**KANSAS SECRETARY OF STATE**  
**Certificate of Merger or Consolidation**  
**of Two or More Limited Liability**  
**Companies**Memorial Hall, 1st Floor  
120 S.W. 10th Avenue  
Topeka, KS 66612-1594(785) 296-4564  
kssos@ks.gov  
www.sos.ks.gov

THIS SPACE FOR OFFICE USE ONLY.

**Please check one:**☐ Merger ☐ Consolidation**1. Name, business entity  
ID number (if known),  
and state or jurisdiction of each  
limited liability company:**

(17-7681(b)(1))

(Name must match the name on  
record with the Kansas Secretary  
of State.)If additional space is needed use  
attachment provided.

Name of Limited Liability Company	State/Jurisdiction	ID Number
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**2. An agreement of merger or consolidation has been approved and executed by each of the limited liability companies which is to merge or consolidate.** (17-7681(b)(2))**3. The name of the  
surviving or resulting  
limited liability company:**

(17-7681(b)(3))

Name of Limited Liability Company

**4. If the surviving entity of the merger is a Kansas limited liability company, indicate amendments, if any, to the articles of organization of the surviving Kansas limited liability company to change its name, registered office or resident agent as are desired to be effected by the merger:** (17-7681(b)(4))☐ The articles are not being amended.☐ **New name of limited  
liability company:**

Name of Limited Liability Company

☐ **New address of  
registered office in  
Kansas:**

Street Address

City

State

Zip

**KS**☐ **New name of  
resident agent:**

Name

**5. Effective date:**

(17-7681(b)(5))

☐ Upon filing☐ Future effective date:  
(Cannot be later than 90 days after  
the date this certificate is filed.)

Month

Day

Year

**6. The executed agreement of merger or consolidation is on file at a place of business of the surviving or resulting limited liability company at the following address:** (17-7681(b)(6))

Street Address

City

State

Zip

**7. A copy of the agreement of consolidation or merger will be furnished by the surviving or resulting limited liability company, on request and without cost, to any member of any limited liability company which is to merge or consolidate.** (17-7681(b)(7))**8. If the surviving or resulting limited liability company is not a domestic limited liability company, the surviving or resulting limited liability company agrees that it may be served with process in the state of Kansas in any action, suit or proceeding for the enforcement of any obligation of any domestic limited liability company which is to merge or consolidate, and irrevocably appoints the Secretary of State as its agent to accept service of process in any such action, suit or proceeding. A copy of such process shall be mailed by the Secretary of State to the following address:** (17-7681(b)(8))

Street Address

City

State

Zip

**9. If any conflict exists between this certificate and the information herein and any attachment to this certificate and the information therein, this certificate and the information herein prevails.****10. I/We declare under the penalties of perjury that the facts stated in this certificate are true and that any power of attorney used in connection with the execution of this certificate is in proper form and substance.** (17-7909)

Signature of Authorized Person of Surviving or Resulting Limited Liability Company

X

Name of Signer (printed or typed)

Signature of Authorized Person of Surviving or Resulting Limited Liability Company

X

Name of Signer (printed or typed)

Signature of Authorized Person of Surviving or Resulting Limited Liability Company

X

Name of Signer (printed or typed)

**LLM**  
Att.

**KANSAS SECRETARY OF STATE**  
**Certificate of Merger or Consolidation**  
**of Two or More Limited Liability Companies**  
Attachment

1. **Name, business entity ID number (if known), and state or jurisdiction of organization of each limited liability company:**

(17-7681(b)(1))

(Name must match the name on record with the Kansas Secretary of State.)

Name of Limited Liability Company	State/Jurisdiction	ID Number
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